

Baby SAFE (Substance Abuse Free Environment) Hawaii

Brief Program Description

The Baby S.A.F.E (Substance Abuse Free Environment) program was established by the Maternal and Child Health Branch, Hawaii State Department of Health, in 1990. Funding was provided by the federal Office of Substance Abuse prevention—later renamed CSAp—and the State of Hawaii. The project combines prevention, intervention, and administrative components. The project succeeded in creating a State Council on Chemical Dependency and pregnancy and five specialized committees. The Council consists of 22 members who represent the major public and private agencies responsible for all facets of the substance abuse problem that exists in Hawaii society. The Council has 5 working committees, each responsible for a separate aspect of the prevention of alcohol, tobacco, and illegal drug problems that face pregnant women in Hawaii. The Committees include; 1) The Legal Affairs Committee, 2) The professional Education Committee, 3) The program Development Committee, 4) The program Evaluation Committee, and 5) The public Awareness Committee.

The goals of the program are to (a) increase the availability and accessibility of prevention, early intervention, and treatment services for pregnant and post-partum women in Hawaii; (b) decrease the incidence and prevalence of drug and alcohol use among pregnant and post-partum in Hawaii; (c) improve birth outcomes for women who use alcohol, tobacco, and other drugs during pregnancy, and to decrease the number of infants affected by maternal substance use.

Program Strategies

Baby Safe Hawaii (BSH) program development has involved (a) an approach to potential clients aimed at improved well-being, rather than punishment; (b) creation of extensive networks through which BSH can reach potential clients and can find services for clients; and (c) reliance on networks and committees, rather than on a central organization, to develop policy.

Population Focus

Incidence studies indicate that chemical dependency of women at delivery is highest for low-income and Native Hawaiian women. BSH clients have low incomes (in pp 5, 64% of clients for whom data were available were on public assistance and 79% had incomes less than \$10,000.) Native Hawaiians form about half of the client population.

Suitable Settings

The program can be implemented at drug treatment sites, health clinics, or other agencies

Required Resources

products developed were utilized to increase public awareness of chemical dependency and pregnancy, to advertise the treatment teams and to track the activities of the teams. The products include Baby Safe Hawaii button, reference cards with phone numbers, flyers for distribution, postcards, pamphlets, and bus posters. A data reporting system was also utilized.

Implementation Timeline

The Baby SAFE program is service intensive. Intervention staff provide each client enrolled in the program with an average of 60 direct service units per month. Service units include contacts in person or by phone, counseling, education and support services aimed either at helping the client participate in BSH activities or achieve a more stable lifestyle.

Outcomes

Major project outcomes include:

- Growth in availability and accessibility of services, as indicated by annual increases in BSH caseloads;
- Increase in the number and share of clients remaining in the program through treatment, delivery, and completion of the program;
- Improvements in maternal and infant health;
- Client infants more likely than the comparison group's babies to be classified as "normal" at birth.

Contact Information

For indepth information on this program, please use the contact listed below.

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